

Silver Shores Elementary  
**EMERGENCY DISMISSAL FORM**

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Beeper/Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Beeper/Phone: \_\_\_\_\_

**If you cannot be reached in the event of sickness or some other emergency at school involving your child, please provide us with the name and number of a friend or relative we may call.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**In the event that school is dismissed at an unscheduled time due to unforeseen circumstances, we suggest your child be instructed by you as to what she/he is to do. (Under emergency circumstances NO PHONE CALLS CAN BE MADE.)**

\_\_\_\_\_ My child is to go directly home, or \_\_\_\_\_

\_\_\_\_\_ My child is to go directly to: \_\_\_\_\_

List other siblings attending Silver Shores Elementary:

Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**PLEASE FILL OUT & RETURN**